Pt. 148

beginning on the first day of the first open enrollment period that begins on or after September 23, 2012; and

- (ii) For disclosures with respect to participants and beneficiaries who enroll in coverage other than through an open enrollment period (including individuals who are newly eligible for coverage and special enrollees), this section applies beginning on the first day of the first plan year that begins on or after September 23, 2012.
- (2) For disclosures with respect to plans, and to individuals and dependents in the individual market, this section is applicable to health insurance issuers beginning September 23, 2012.

[77 FR 8702, Feb. 14, 2012]

PART 148—REQUIREMENTS FOR THE INDIVIDUAL HEALTH INSURANCE MARKET

Subpart A—General Provisions

Sec.

148.101 Basis and purpose.

148.102 Scope, applicability, and effective dates.

Subpart B—Requirements Relating to Access and Renewability of Coverage

- 148.120 Guaranteed availability of individual health insurance coverage to certain individuals with prior group coverage.
- 148.122 Guaranteed renewability of individual health insurance coverage.
- 148.124 Certification and disclosure of coverage.
- 148.126 Determination of an eligible individual.
- 148.128 State flexibility in individual market reforms—alternative mechanisms.

Subpart C—Requirements Related to Benefits

- 148.170 Standards relating to benefits for mothers and newborns.
- 148.180 Prohibition of discrimination based on genetic information.

Subpart D—Preemption; Excepted Benefits

148.210 Preemption.

148.220 Excepted benefits.

Subpart E—Grants to States for Operation of Qualified High Risk Pools

148.306 Basis and scope.

148.308 Definitions.

45 CFR Subtitle A (10-1-14 Edition)

148.310 Eligibility requirements for a grant. 148.312 Amount of grant payment.

148.314 Periods during which eligible States may apply for a grant.

148.316 Grant application instructions.

148.318 Grant application review.

148.320 Grant awards.

AUTHORITY: Secs. 2701 through 2763, 2791, and 2792 of the Public Health Service Act (42 U.S.C. 300gg through 300gg-63, 300gg-91, and 300gg-92), as amended.

SOURCE: 62 FR 16995, Apr. 8, 1997, unless otherwise noted.

Subpart A—General Provisions

§148.101 Basis and purpose.

This part implements sections 2741 through 2763 and 2791 and 2792 of the PHS Act. Its purpose is to guarantee the renewability of all coverage in the individual market. It also provides certain protections for mothers and newborns with respect to coverage for hospital stays in connection with childbirth and protects all individuals and family members who have, or seek, individual health insurance coverage from discrimination based on genetic information.

[79 FR 30340, May 27, 2014]

§ 148.102 Scope, applicability, and effective dates.

- (a) Scope and applicability. (1) Individual health insurance coverage includes all health insurance coverage (as defined in §144.103 of this subchapter) that is neither health insurance coverage sold in connection with an employment-related group health plan, nor short-term, limited-duration coverage as defined in §144.103 of this subchapter.
- (2) The requirements that pertain to guaranteed renewability for all individuals, to protections for mothers and newborns with respect to hospital stays in connection with childbirth, and to protections against discrimination based on genetic information apply to all issuers of individual health insurance coverage in the State.
- (b) Applicability date. Except as provided in §148.124 (certificate of creditable coverage), §148.170 (standards relating to benefits for mothers and newborns), and §148.180 (prohibition of health discrimination based on genetic